

Wisconsin Department of Safety and Professional Services

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ACCOUNTING EXAMINING BOARD

VERIFICATION OF EMPLOYMENT AND EXPERIENCE EVALUATION

PART I: TO BE COMPLETED AND SIGNED BY CANDIDATE

Applicant Name	Signature	Date
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PART II: TO BE COMPLETED BY PAST OR PRESENT EMPLOYER

TO PAST OR PRESENT EMPLOYER: Please complete the Verification of Employment and Experience Evaluation form. Return this form to the applicant. The information requested below is required for processing the application.	
APPLICANT NAME	
FIRM NAME	
EMPLOYMENT PERIOD: FROM _____ TO _____	
EMPLOYEE WORKED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME (Indicate Hours Per Week _____)	
Check here for extended absence during employment period; if absent, indicate type (extended illness, military or maternity leave); and indicate duration. <div style="float: right;"><input type="checkbox"/> NO ABSENCE <input type="checkbox"/> YES DURATION: FROM (date) _____ TO (date) _____ EXPLAIN:</div>	
Evaluator Name (Type or Print)	Evaluator's Signature
Title	Date
Type of Business	Telephone No.
Firm Address (Street, Address, City, State, Zip)	

Wisconsin Department of Safety and Professional Services

Applicant Name: _____

EMPLOYER: THE EMPLOYER (NOT THE CANDIDATE) IS REQUIRED TO COMPLETE THE APPROPRIATE SECTION TO DESCRIBE THE CANDIDATE'S WORK EXPERIENCE. A POSITION DESCRIPTION WITH ACCOUNTING DUTIES LISTED MUST BE ATTACHED TO THIS FORM. THE APPLICANT'S NAME MUST APPEAR ON THE POSITION DESCRIPTION AND IT MUST BE SIGNED AND DATED BY THE EMPLOYER/EVALUATOR. THE POSITION TITLE INDICATED ON THIS FORM MUST AGREE WITH THE TITLE ON THE POSITION DESCRIPTION.

SECTION A: ACADEMIC POSITIONS

PLEASE ATTACH A SIGNED AND DATED POSITION DESCRIPTION.

Accy 5.06 EXPERIENCE IN TEACHING. The basic guideline followed is that experience in teaching accounting is senior when teaching is at the intermediate, advanced and specialized level of accounting. Teaching courses in areas other than accounting does not qualify.

(1) Are you a full-time accounting faculty member? ☐ Yes ☐ No

(2) How many credit hours of teaching per semester is considered full-time? _____

(3) Is research considered part of your academic contract? ☐ Yes ☐ No

Course #	Course Title	Level	Credits per Course	Secs. per Semester	# of Semesters Taught

SECTION B: INDUSTRY, GOVERNMENT, LAW & OTHER

PLEASE ATTACH A SIGNED AND DATED POSITION DESCRIPTION.

Position Title	From (Date)	To (Date)	% of Time (100% if Full)

SECTION C: PUBLIC ACCOUNTING FIRM AND GOVERNMENTAL AUDIT AGENCIES

PLEASE ATTACH A SIGNED AND DATED POSITION DESCRIPTION.

Position Title	From (Date)	To (Date)	% of Time (100% if Full)